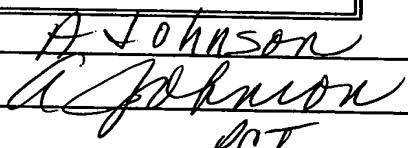


## REQUEST FOR PATENT FEE REFUND

10/519625

1 Date of Request:	6-10-05	2 Serial/Patent #									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing		1	12/28/04	\$ 100							
<input type="checkbox"/> Amendment				\$							
<input type="checkbox"/> Extension of Time				\$							
<input type="checkbox"/> Notice of Appeal/Appeal				\$							
<input type="checkbox"/> Petition				\$							
<input type="checkbox"/> Issue				\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$							
<input type="checkbox"/> Maintenance				\$							
<input type="checkbox"/> Assignment				\$							
<input type="checkbox"/> Other				\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100								
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		Treasury Check									
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
No Fee Due (Explanation):		9 <table border="1"><tr><td>1</td><td>9</td><td>--</td><td>2</td><td>1</td><td>7</td><td>9</td></tr></table>			1	9	--	2	1	7	9
1	9	--	2	1	7	9					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE: paralegal									
SIGNATURE: 		PHONE: 308-9140									
OFFICE: 											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B